

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/541318
APPLICANT(S)

FILING DATE

CLAIMS

BEST AVAILABLE COPY

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | ↓ | | ↓ | | ↓ | TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 2 | ← | | ← | | ← | TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | 4 | | | | | | TOTAL CLAIMS | | | | | | |